

IMACS FORM 12: TRIAL STATUS

Subject's IMACS number _____
Assessor _____
Date of assessment (mm/dd/yy) _____
Assessment number _____

PATIENT STATUS IN THE TRIAL/STUDY

At this time in the trial, this patient is receiving:

- ☐ Standard of Care medications (for natural history study)
- ☐ Placebo
- ☐ Study Drug
- ☐ Comparator agent (active comparator trial)
- ☐ Study Drug Arm 1 (cross over trial)
- ☐ Study Drug Arm 2 (cross over trial)
- ☐ Other: Specify: _____

If the patient is enrolled in a therapeutic trial (not natural history study): the study medication(s) they are receiving at this time is/are:

Trial Medication 1: _____

And the dose is: _____ mg mg/kg mg/m² U U/kg (circle one unit or provide another)

Trial Medication 2: _____

And the dose is: _____ mg mg/kg mg/m² U U/kg (circle one unit or provide another)